

Child Care

We realize caring for your children is of utmost importance to you. You may request to have your child(ren)'s names added to our waiting list prior to your arrival. Your local sponsor should be able to assist you with this. A Request for Care Form is required to place a child on our waiting list. The completed form should be emailed to the following address to make your reservation: Mwrcdcreg@cfas.navy.mil.

All new arrivals to Sasebo will need to attend the Area Indoctrination Orientation Brief and the Inter-Cultural Relations Class (AIOB/ICR). Children are not permitted in AIOB/ICR (with the exception of young infants in handheld carriers). Arrangements for childcare will be necessary and should be made as far in advance as possible. Our Child Youth Program (CYP) strives to meet the community's childcare needs but often, demand exceeds our room capacities. Please work with your sponsor to reserve childcare prior to your arrival, if at all as possible. If care is not available at an MWR facility, MWR and the Fleet and Family Support Center will work with our Child Development Home (CDH) Providers to meet your needs.

On your child's first day, the following information and forms are required to enroll your child(ren) at either the CDC, SAC (School Age Care) or CDH:

1. Completed Request for Care Form.
2. Copy of the sponsor's travel orders. All children must be listed on the orders. CDC cannot provide care to non-SOFA family members.
3. Current immunization records for each child (Copies from a medical record are acceptable).
4. Copy of any medical documents for children in need of special care or with food allergies.
5. Copy of the family's most recent Leave and Earnings Statement(s).
6. Completed Family Care Plan Form from the Sponsoring Command needs to be submitted within two weeks of the first day of care. (Dual Military or Single Parent families only).
7. Two local contact names and phone numbers.
8. Attend an initial orientation brief at the centers prior to starting care. Please contact the appropriate center to arrange this. CDC 252-2985/6 or SAC 252-2989.

Families requesting care beyond that needed to attend AIOB/ICR may be required to complete some additional paperwork on your child's first day at the CDC.

Should you have any questions, please email us at Mwrcdcreg@cfas.navy.mil.

DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM REQUEST FOR CARE RECORD

PRIVACY ACT STATEMENT

AUTHORITY: PL 101-89 Sec. 1507; EO 9397.

ROUTINE USE(S): None.

PRINCIPAL PURPOSE(S): To collect applicant information for Child Development Programs and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future program requirements.

DISCLOSURE: Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Program waiting lists.

1. DATE OF REQUEST (YYYYMMDD)

2. EXPIRATION DATE (YYYYMMDD)

3. FAMILY INFORMATION

a. SPONSOR'S NAME (Last, First, Middle Initial)

b. SPOUSE'S NAME (Last, First, Middle Initial)

c. CHILD'S NAME (Last, First, Middle Initial)

d. CHILD'S DATE OF BIRTH (YYYYMMDD)

e. CHILD'S AGE

f. HOME ADDRESS (Street, City, State, Zip Code)

g. SPONSOR'S BRANCH OF SERVICE

h. DUTY ORGANIZATION

i. HOME TELEPHONE NUMBER (Include Area Code)

j. DUTY TELEPHONE NUMBER (Include Area Code)

k. SIBLING CARE (Complete a separate form and list name and date of birth for each child requiring care)

(1) NAME (Last, First, Middle Initial)

(2) DATE OF BIRTH (YYYYMMDD)

(1) NAME (Last, First, Middle Initial)

(2) DATE OF BIRTH (YYYYMMDD)

4. PROGRAM(S) DESIRED (X as applicable)

a. FULL-DAY CARE

e. FAMILY DAY CARE (FDC)

b. PART-DAY CARE

f. PART-DAY ENRICHMENT

c. SCHOOL-AGE

g. DAY CAMP

d. SPECIAL NEEDS

5. AGE GROUP (X one)

a. INFANTS (0 - 12 months)

b. TODDLERS (13 - 35 months)

c. PRESCHOOL (3 - 5 years)

d. SCHOOL AGE (5+ years)

6. SPONSOR STATUS (X one)

a. SINGLE MILITARY

e. SINGLE DOD CIVILIAN

i. MILITARY/UNEMPLOYED SPOUSE

b. DUAL MILITARY

f. RETIRED MILITARY

j. MILITARY/OTHER THAN DOD SPOUSE

c. MILITARY/DOD SPOUSE

g. MILITARY RESERVE

k. OTHER (Specify)

d. DUAL DOD CIVILIANS

h. NATIONAL GUARD

7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable)

a. FDC ON-INSTALLATION

d. CIVILIAN CDC

g. IN-HOME CARE

b. FDC OFF-INSTALLATION

e. MILITARY ALTERNATE CARE

h. NO PRESENT CARE

c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC)

f. NON-MILITARY ALTERNATE CARE

i. OTHER (Specify)

8. GENERAL INFORMATION (X and complete as applicable)

YES NO

a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE AWAITED? (If Yes, estimate average annual income lost)

YES NO

c. IS CHILD ON OTHER MILITARY WAITING LIST? (If Yes, name installation)

b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?

d. CURRENT COST OF CARE PER WEEK (If child is currently in care)

9. UPDATE REQUIRED PER INSTRUCTIONS (For Office Use Only)

	(1)	(2)	(3)	(4)	(5)
a. DATE CALLED (YYYYMMDD)					
b. DECLINED/ PLACED					
c. COMMENTS/ INITIALS					
d. PLACEMENT TIME (In months)					

DEPARTMENT OF THE NAVY FAMILY CARE PLAN CERTIFICATE

SUPPORTING DIRECTIVE OPNAVINST 1740.4A

PRIVACY ACT ADVISEMENT

AUTHORITY: 44 U.S.C. Section 3101; 5 U.S.C. Section 301; 10 U.S.C. Sections 133 and 5031; E.O. 9397; and OPNAVINST 1740.4B

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements and to ensure the member is world-wide assignable. The information which will be solicited is intended principally for the following purposes: (a) The personal information will facilitate combat readiness and document a plan for the care of your family members in the event of a medium or long term absence; (b) it will be used to evaluate compliance with the DOD and Navy programs requiring Family Care Plans.

ROUTINE USES: To designate persons who will accept dependent care responsibility and to contact those persons to verify their willingness to act for the member in this capacity, and to advise the designee(s) when they are expected to discharge these responsibilities. The information may be used also to determine overseas suitability, to conduct authorized investigations, and for other lawful purposes.

DISCLOSURE IS MANDATORY: Disclosure of information concerning family members, their caregivers, and the personal arrangements surrounding the care of family members is mandatory.

PART I. APPLIES TO ALL SINGLE SERVICEMEMBER SPONSORS AND DUAL MILITARY COUPLES WITH DEPENDENTS

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty without dependents, as required.	Initials
2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.	
3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.	
4. I understand that I am subject to deployments on short notice and that I will not be given special privileges because I have dependents.	
5. My normal working hours are . I have made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless I have been excused by my commanding officer.	
6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.	
7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 60 days (90 days for Ready Reserve) of any change in my family or caregiver status.	
8. I understand that while serving in an overseas area, I must arrange for the escort to and care of my dependents by the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.	
9. In the event of my death or incapacity, (name, address, telephone number) has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first.	
10. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.	
TYPED OR PRINTED NAME, GRADE/RATE, & SSN	SIGNATURE
	DATE

**DEPARTMENT OF THE NAVY
FAMILY CARE PLAN CERTIFICATE (CONTINUED)**

SUPPORTING DIRECTIVE OPNAVINST 1740.4A

PART II. APPLIES TO ALL SINGLE SERVICEMEMBER SPONSORS AND DUAL MILITARY COUPLES WITH DEPENDENTS	
CAREGIVER ACKNOWLEDGMENT	
11. I agree to accept responsibility and provide care for the family members of if he/she must report for duty for extended work hours, recall, or TAD. I acknowledge that I have been fully briefed on : (a) Financial and logistical arrangements and location of important papers, (b) Military and civilian support resources available to assist in the care of family members including location and/or points of contact for the member's command, local Fleet and Family Support Center, child care center, and Navy Marine Corps Relief Society, and (c) Family member entitlements, available services, and access requirements for military base resources including medical and dental treatment facilities, exchanges, commissaries, and recreation facilities.	
A. Member's absence is for a duration of less than 30 days.	
SIGNATURE	ADDRESS
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	
WITNESS	WITNESS SIGNATURE
B. Member's absence is for a duration of greater than 30 days.	
SIGNATURE	ADDRESS
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	
WITNESS	WITNESS SIGNATURE
PART III. APPLIES TO SINGLE SERVICEMEMBER SPONSORS & DUAL MILITARY COUPLES WITH DEPENDENTS SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS	
CAREGIVER ACKNOWLEDGMENT	
12. I agree to be responsible for accompanying and caring for the family members of as an escort if evacuation from an overseas area becomes necessary.	
TYPED OR PRINTED NAME	SIGNATURE
WITNESS	WITNESS SIGNATURE
PART IV. FOR IN-SERVICE COUPLES ONLY	
13. Statement of Military Spouse: I have read my spouse's plan and concur.	
14. Spouse's Command:	15. Command's Family Care Plan Coordinator and Telephone Number:
TYPED OR PRINTED NAME & SSN OF SPOUSE	SIGNATURE OF SPOUSE
PART V. COMMANDER CERTIFICATION	
16. I have reviewed this Family Care Plan and (I am/I am not) satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.	
SIGNATURE OF COMMANDING OFFICER	DATE

FAMILY CARE PLAN ARRANGEMENTS

SUPPORTING DIRECTIVE OPNAVINST 1740.4A

1. Financial - (Describe how you will provide support for your family members while they are under someone else's care. This may include an allotment, powers of attorney (POA) or bank accounts and access.)

2. Logistical - (Describe how your family members will get to the designated caregiver. This is especially important if geographically separated. Describe how financial support necessary to effect transportation will be provided. Also, discuss provisions for minor arrangements for children, points of contact for your caregiver in case of emergency, and use of government services, specifically, what directions have you given for access to the exchange, commissary, recreation, etc. Include all other arrangements that pertain to your situation). Don't forget to provide all prospective caregivers' names to your child(ren)'s school or day care center as persons authorized to pick-up child(ren) (this is particularly important in the event of your death or incapacity while the child(ren) is at school/day care.)

3. Medical - (Explain where your family member is to go for routine and emergency medical treatment. Does your caregiver know where medical/immunization records are? Do they have names and addresses of medical providers? Have you discussed with your caregiver any medical conditions or allergies that your family members have? Any special directions in case of a medical emergency? Don't forget special powers of attorney (SPOA) for medical treatment. A separate SPOA for medical treatment is not necessary if the sample POA for Family Care Plan (enclosure (2)) is utilized.)

4. Legal - (Provide name, address and telephone number of your attorney (if you have one); any legal documents your caregiver should have copies of such as your will, insurance policies, family members' ID cards and your social security number. Also discuss what you have told your caregiver to do in the event they are no longer able to care for your family members. Who is your alternate caregiver? Add any legal information that would be necessary.)

TYPED OR PRINTED NAME OF MEMBER

SIGNATURE OF MEMBER

DATE

FAMILY CARE PLAN ARRANGEMENTS

SUPPORTING DIRECTIVE OPNAVINST 1740.4A

ADDITIONAL REMARKS: